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ABSTRACT

The manual is intended to provide technical assistance to South Carolina local education agencies (LEAs)in regard to provision of catheterization services to students with disabilities in the school system. The first section defines catheterization and briefly discusses the basic need for this specialized health care service. Recent relevant medical issues and information on the school population that is most likely to require catheterization are addressed. The second section reviews the legal issues relevant to the provision of catheterization in the school system. In this section, a pertinent court case is reviewed and relevant terms are defined. In the final section, recommended guidelines are given to assist LEAs in developing policy and procedure for appropriate service delivery. In addition, two samples of standardized procedures for Clean Intermittent Catheterization are supplied. Provided in the last part of this section are sample forms that may be utilized in the implementation and documentation of service delivery relative to appropriate catheterization procedure for students during school hours. (DB)

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# CATHETERIZATION

## A REVIEW OF VARIOUS METHODS FOR CATHETERIZATION OF HANDICAPPED STUDENTS IN THE SCHOOL SYSTEM

A TECHNICAL ASSISTANCE PUBLICATION

SUMMER 1988

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## TABLE OF CONTENTS


Page

Foreword..... 1

Catheterization-Introduction and General Overview..... 2

Legal Issues and Implications..... 3

Recommended Guidelines for Appropriate Service Delivery..... 5

Sample Forms Suggested for Use in Provision and Documentation of Service Delivery..... 7

Samples of Standardized Procedure for Clean Intermittent Catheterization..... 12

Bibliography..... 20

# FOREWORD

## FOREWORD

The purpose of this manual is to provide technical assistance to LEAs/SOPs in regard to the issue of catheterization and the provision of this medically related procedure in the school system. Administrators and other school personnel have posed many questions and concerns in relation to legalities surrounding the provision of catheterization. In addition, requests have been made for specific criteria to be used in determining when the standardized procedure is deemed as an appropriate service to be provided by the school. A need was also expressed for guidelines relative to safe, effective and efficient administration of such a health related procedure within the school setting during the school day.

In an attempt to honor these requests, the first section of this publication defines catheterization and briefly discusses the basic need for this specialized health care service. Recent relevant medical issues and the general school population that is most likely to require catheterization is briefly addressed.

The second section reviews the legal issues relevant to the provision of catheterization in the school system. In this section, a pertinent court case is reviewed and relevant terms are defined for clarification.

In the final section, recommended guidelines are included for the purpose of assisting LEAs/SOPs in developing policy and procedure for appropriate service delivery. In addition, two samples of standardized procedures for Clean Intermittent Catheterization are supplied for your convenience. The first sample is taken from an article, by Dr. Donald T. Stauffer, that was published in The Journal of School Health (see bibliography). The second sample is a copy of the standardized procedure used by Shriners Hospital for Crippled Children (South Carolina-Greenville Unit) that was furnished by Jean Park Brown, R.N., M.S., Myelodysplasia Coordinator for Shriners Hospital. A copy of standardized procedure for clean intermittent self-catheterization is provided from a publication of the California State Department of Education entitled Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Students. Provided in the last part of this section are sample forms that may be utilized in the implementation and documentation of service delivery relative to appropriate catheterization procedure for students during school hours.

These guidelines were developed to serve as a model or example and are not intended to be prescriptive. This publication may be utilized in developing a service delivery system through which quality educationally related services may be provided. Care has been taken to include relative legal requirements.

It is the sincere desire of this Office that this technical assistance paper will prove to be beneficial to LEAs/SOPs in their continued efforts to provide quality programs for the handicapped.

# INTRODUCTION AND GENERAL OVERVIEW

## CATHETERIZATION
## INTRODUCTION AND GENERAL OVERVIEW

Many students have health problems that require medically related interventions in order that they be allowed to attend school. It is understood that, whenever possible, specialized physical health care services are provided either before students attend school or after they return home. However, in some cases special health/medically related services are necessary for some children who require such health care during school hours in order to remain in the regular school setting. One of the major such health related procedures required is that of catheterization.

Due to the major advances in neonatal care many children are not only surviving but are thriving and are enrolled in the public school system. Today 90% of children born with spina bifida live with a normal life span whereas in 1955, 90% of the children born with spina bifida did not live beyond their early years[1]. Many of these students require catheterization as well as those students with diabetic neuropathy and paraplegic secondary to spinal cord injury.

**CATHETERIZATION** is the process of emptying the bladder of urine by the inserting of a tube into the bladder. The procedure should only be done upon recommendation of a physician. Incomplete emptying of the bladder, a lack of sensation in the bladder area, urinary incontinence and urinary retention are common symptoms indicating a need for catheterization. In the normal urinary system, the kidneys remove the normal waste products from the blood in the form of urine. The urine passes down the ureters to the bladder. Urine is then stored in the bladder which is a hollow muscular organ. The urethra, a hollow tube, is responsible for emptying urine from the bladder. The sphincter muscle located in the urethra controls the drainage of the bladder.

A neurogenic bladder occurs when the nerves to the bladder are affected by disease or injury. The most common cases arise from spina bifida or spinal cord injury. When the sphincter is spastic and/or the bladder muscles do not work then the individual must be catheterized. If the bladder is not emptied regularly, the urine will back up into the kidneys and the individual will be prone to recurrent urinary track infections, kidney failure or death due to renal failure. Therefore the main reason for catheterization is to help empty urine from the bladder and to regulate urine flow.

**CLEAN INTERMITTENT CATHETERIZATION (CIC)** is a procedure to provide and insure a complete, regular emptying of the urinary bladder that for some reason is impaired and can not perform this function. In 1971 this technique was developed in an effort to provide an alternative to sterile catheterization.[2] Today this procedure is a widely used method for a majority of children. This is a relatively simple technique which many children can learn to do themselves.

**CLEAN INTERMITTENT SELF CATHETERIZATION (CISC)** is a procedure by which the individual him or her self performs the technique in order to empty the urinary bladder at regular intervals. Samples of standarized procedures for CIC and CISC are given on pages 12-18.

# LEGAL ISSUES AND IMPLICATIONS

## LEGAL ISSUES AND IMPLICATIONS

Local Educational Agencies are required to provide catheterization to those special education students who need these services during the hours when they attend school as required by the Education of the Handicapped Act of 1975 (Public Law 94-142).

On July 5, 1984, The Supreme Court, in the Irving Independent School District Versus Tatro Case, ruled that clean intermittent catheterization is a School Health Service SubCategory of Related Services and not a medical service as defined by the Education of the Handicapped Act, EHA, (Public Law 94-142).

The parents of Amber Tatro requested that the Irving Independent School District provide clean intermittent catheterization as a related service for their daughter who had a neurogenic bladder as a result of spina bifida. The school district refused on the grounds that they considered catheterization to be a medical service.

The U. S. Supreme Court unanimously determined that catheterization is a support service since the procedure can be administered by someone other than a physician. In this case, the Court stated that without catheterization the student, Amber Tatro, would not be able to attend school thereby making this service necessary in order for Amber to "reach, enter, or exit the school". The Court also set these guidelines to assist in determining a student's right to this and other such related services:

1. The student must be "handicapped" within the meaning of Public Law 94-142.

2. The service must be needed during school hours.

3. The service must be non-medical; that is, a service that can be performed or administered by someone other than a physician.

Medical services are defined as services provided by a licensed physician. Schools are not obligated to provide medical services administered by a physician except for diagnostic and evaluative services. Clean intermittent catheterization is a related service that is required in order to assist a handicapped child to benefit from special education.

The following are excerpts for Public Law 94-142:

Section 300.13 of the federal regulations regarding **Related Services** states, in part, the following:

(a) As used in this part, the term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational

therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

( 4) "**Medical Services**" means services provided by a licensed physician to determine a child's medically related handicapping condition which results in the child's need for special education and related services.

(10) "**School Health Services**" means services provided by a qualified school nurse or other qualified person.

A comment, [Senate Report No. 94-168, P.12 (1975)], to this regulatory section states the following:

Each related service defined under this part may include appropriate administrative and supervisory activities that are necessary for program planning, management, and evaluation.

In summary, clean intermittent catheterization (CIC) has been designated as a School Health Service SubCategory of Related Services by the U. S. Supreme Court. Catheterization does not require the direct services of a physician. The persons designated to administer CIC procedures do not necessarily have to be licensed. A nurse, teacher, paraprofessional or volunteer properly trained by a physician or registered nurse can perform the procedure according to articles published in The Journal of School Health (Stauffer 1984) and The Division of the Physically Handicapped Journal (Stauffer 1983). The titles of these two articles are: "Catheterization-A Health Procedure Schools Must be Prepared to Provide" and "A Spina Bifida Student: You May Have to Catheterize". Other reputable medical sources support this view also. (See bibliography). As stated earlier, this procedure should only be done upon recommendation of a physician.

According to the National Resource Center for Paraprofessionals in Special Education, National Institute on Disability and Rehabilitation Research, and the National Information Center for Handicapped Children and Youth, many local school districts are developing their own training programs with input and assistance from local medical associations.

Many school districts are using registered school health nurses, county nurse practioners and are training part time aides and other qualified school personnel to administer this procedure. Many students can be taught to self catheterize at the appropriate time. Therefore, a responsible person can be trained to supervise or administer the procedure, none of whom must be licensed. **PROPER TRAINING BY QUALIFIED TRAINED PERSONNEL IS NECESSARY.** Guidelines for the development of policies and procedures regarding catheterization are addressed on page 6.

# RECOMMENDED GUIDELINES FOR APPROPRIATE SERVICE DELIVERY

## RECOMMENDED GUIDELINES FOR APPROPRIATE SERVICE DELIVERY

It is recommended that a written request for the administration of catheterization at the school be obtained from the student's parent or guardian. On page seven is a sample form that lists the basic information needed on the request. Keep a copy of the parent's written request for administration of catheterization in the student's records.

Since catheterization is a health related issue, it is also recommended that a Physician's Prescription/Authorization be acquired and kept in the student's records also. Information needed includes the specific steps involved in administering the procedure, the schedule and the type catheter to be used. Many school districts are choosing to select a standardized procedure for Clean Intermittent Catheterization as district policy. Two such standardized procedures are included for your convenience. You may choose to contact a urologist or a medical unit to acquire a standardized procedure to adopt as school policy. Sample form C-2 may be used in correspondence with the student's physician if the LEA/SOP has a district policy for CIC. Sample form C-2A may be used in such correspondence if the school has no such district policy that includes a standardized procedure for catheterization.

Listed on page six are twelve (12) steps that are recommended for administration and documentation relative to catheterization and can be used for other specific health or medically related procedures as deemed appropriate.

Following the sample forms used for implementation and documentation of the provision of medically related procedures, you will find two (2) samples of standardized procedure for Clean Intermittent Catheterization. The first sample is from The Journal of School Health and the second sample is from Shriners Hospital for Crippled Children, The South Carolina, Greenville Unit. A copy of standardized procedure for clean intermittent self-catheterization is included also that was taken from a publication of the California State Department of Education entitled Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Students.

* Comment: It is the recommendation of this Office that rubber gloves, either clean or sterile, be used in the school setting by trained, designated school personnel performing the procedure of Clean Intermittent Catheterization, although this is not stated in either of the samples supplied.

## SAMPLE OF RECOMMENDED PROCEDURE FOR ADMINISTRATION OF SPECIFIC HEALTH/MEDICALLY RELATED PROCEDURES

1. Acquire Parent/Guardian's Request and Physician's Authorization (written and signed) for administration of specific Health/Medically Related Procedures. (See Sample Forms C-1 - C-2A).

2. Secure a written copy of standardized procedure, approved by physician, to be administered.

3. Acquire the services of a qualified health professional in the supervision of the training session for administering the health related procedure.

4. Involve the parent/guardian, whenever possible, in the training session as well as the school nurse.

5. Train several competent, designated personnel to administer (by performance or supervision) the procedure.

6. Provide and designate an appropriate setting for the procedure to be implemented.

7. Have parent/guardian sign a typed statement indicating: (1) review and/or participation in the training session, (2) approval of the arrangements as satisfactory and (3) agreement to notify the school of any changes in the child's health status. (See Sample Form C-3).

8. Provide appropriately trained, designated personnel with easy, quick accessibility at all times to the typed specific steps in the physician-approved standardized procedure or technique that is to be implemented.

9. Document the performance/supervision of the standardized procedure by appropriately trained, designated personnel through the use of forms. (See Sample Form C-4). Be sure that a copy of the approved standardized procedure is attached to the documentation log.

10. Designate an individual to be ultimately responsible for adherence to the specific procedure requirements. The supervisor should monitor the procedure performed by appropriately trained, designated personnel.

11. File a copy of the Approved Standardized Procedure in the student's cumulative folder.

12. File completed documentation logs in the student's cumulative folder.

## SAMPLE FORMS

The forms suggested herewith are not required by State and Federal law and, consequently, have no monitoring application. They are presented as good practice and would serve as an appropriate communication instrument with parents and/or surrogates.

## PARENT/GUARDIAN'S REQUEST FOR SPECIAL HEALTH/MEDICALLY RELATED PROCEDURE

Student's Name_____ DOB _____ School_____

Homeroom Teacher_____Gd/Room_____

Parents_____

Parents' Address_____Phone#(Hm)_____(Wk)_____

Physician's Name_____

Physician's Address_____Phone#_____

_____

TO BE COMPLETED BY PARENT/GUARDIAN

I request that _____supervise/perform
(School District)

_____ for my child,
(Standardized Procedure)

_____ as prescribed/approved by his/her physician.
(Student's Name)

Parent/Guardian Signature _____

Date _____, 19 _____

---

TO WHOM IT MAY CONCERN

I hereby give my permission for the exchange of confidential information contained in the records of my child, _____, _____ between _____
(Student's Name) (DOB) (Physician/Hospital)
and _____.
(School District)

Signature of Parent/Guardian_____

Date_____19____

SAMPLE FORM C-2

## PHYSICIAN'S PRESCRIPTION/AUTHORIZATION FOR SPECIAL HEALTH/MEDICALLY RELATED PROCEDURE

Student's Name _____ DOB _____ Parent's Telephone (Hm) _____ (Wk) _____

Student's Address _____

School _____ Homeroom Teacher _____ Grade/Room _____

Physician _____ Physician's Address _____ Ph.# _____

TO BE COMPLETED BY PHYSICIAN:

1. Statement concerning handicapped condition and need for special health/medically related standardized procedure.

   _____

   _____

2. Name of standardized procedure. _____

3. Check one:

   _____ I reviewed and approved the attached standardized procedure as written.
   _____ I reviewed and approved the attached standardized procedure with the attached modifications.
   _____ I do not approve of the school's standardized procedure, and therefore have attached my alternative written recommendations.

4. The procedure is to be continued as above until _____ (Date)

5. Precautions/Special Considerations _____

   _____

6. If Catheterization is being prescribed, please designate specific schedule and type catheter to be used. _____

   _____

Physician's Signature _____

Date _____

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

TO WHOM IT MAY CONCERN

I hereby give my permission for the exchange of confidential information contained in the records of my child, _____ (Student's name), _____ (DOB) between _____ (Physician/Hospital) and _____ (School District).

Signature of Parent/Guardian _____

Date _____

SAMPLE FORM C-2A

**PHYSICIAN'S PRESCRIPTION/AUTHORIZATION FOR SPECIAL HEALTH/MEDICALLY RELATED PROCEDURE**

Student's Name_____ DOB_____ Parent's Telephone (Hm)_____ (Wk)_____

Student's Address_____

School_____ Homeroom Teacher_____ Grade/Room_____

Physician_____ Physician's Address_____ Ph.#_____

TO BE COMPLETED BY PHYSICIAN:

1. Statement concerning handicapped condition and need for special health/medically related procedure.

_____

_____

2. Name of standardized procedure._____

3. Prescription (please include specifics). Use back of sheet or attach additional pages if needed._____

_____

_____

_____

4. The procedure is to be continued as above until_____ (Date)

5. Precautions/Special Considerations_____

6. If Catheterization is being prescribed, please designate specific schedule and type catheter to be used._____

_____

Physician's Signature_____

Date_____

---

TO WHOM IT MAY CONCERN

I hereby give my permission for the exchange of confidential information contained in the records of my child,_____ (Student's Name), _____ (DOB) between_____ (Physician/Hospital) and _____ (School District).

Signature of Parent/Guardian_____

Date_____ 19_____

**PARENT/GUARDIAN'S STATEMENT OF APPROVAL OF _____ SERVICE DELIVERY PLAN**
**(SCHOOL DISTRICT'S)**

**FOR SPECIAL HEALTH/MEDICALLY RELATED PROCEDURE**

Student's Name_____ DOB _____ School _____

Homeroom Teacher_____Gd/Room_____

Parents_____

Parents' Address_____ Phone #_____

Physician's Name_____

Physician's Address_____ Phone #_____

---

TO BE COMPLETED BY PARENT/GUARDIAN

I have reviewed/participated in the training session of designated personnel to supervise/ perform _____(Procedure) for my child,_____(Student's name).

The arrangements and procedures are satisfying to me. I also agree to inform the school district immediately if the health status of _____(Student's name) changes, if we change physicians or if the procedure is changed or cancelled.

Parent/Guardian Signature_____

Date_____,19_____

## Special Health/Medically Related Procedure

## Log of Services Administered

Student's Name_____ DOB_____ School_____ Teacher_____ GR/RM____

Special Procedure_____

Physician_____ Physician's Address_____ Phone_____

Schedule for Procedure Each Day: Time(s) _____ A.M. Time(s) _____ P.M.

Trained Personnel:

1._____ Phone_____
2._____ Phone_____
3._____ Phone_____
4._____ Phone_____

Parents_____

Parents' Address_____

Hm. Phone_____ Work Phone_____

Name of Supervisor (Emergency Contact Person)_____ Phone# _____

Directions: Log required information and initial daily. If student is absent, or if for any other reason procedure is not done, indicate so in "comments" column. File completed Logs in student's cumulative folder. Enter additional comments on back of sheet. Use one (1) sheet per procedure and attach standardized procedure to each sheet.

| Date | Time a.m. | Measurement | Initials of Supervisor of Procedure | Time p.m. | Measurement | Initials of Supervisor of Procedure | Comments |
|---|---|---|---|---|---|---|---|
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## Comments

Directions: Document any atypical observations, such as unusual odor, color, or problems, then refer to appropriate person(s).

Date/Time ____ ____

_____

_____

_____

_____ Signature _____

Date/Time ____ ____

_____

_____

_____

_____ Signature _____

Date/Time ____ ____

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_____ Signature _____

Date/Time ____ ____

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_____ Signature _____

Date/Time ____ ____

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_____

_____ Signature _____

Date/Time ____ ____

_____

_____

_____

_____ Signature _____

# SAMPLES OF STANDARD PROCEDURES FOR CIC AND CISC

## STANDARDIZED PROCEDURES FOR CLEAN INTERMITTENT CATHETERIZATION

The following General Procedures For Clean Intermittent Catheterization were taken from The Journal of School Health of the January issue of 1984 Volume 54, No. 1 Page 37. This procedure was written by Dr. Donald T. Stauffer, an Associate Professor of Special Education at Slippery Rock State College, Slippery Rock, Pennsylvainia 16057. The first described CIC procedure is for females, then males.

### GENERAL PROCEDURES FOR CIC FOR FEMALES

**EQUIPMENT NEEDED**

1. Catheter (size and type prescribed by urologist)
2. Clean washcloth, soap and water
3. Packaged wipes
4. Clear plastic container for collecting urine
5. Storage container for catheter such as plastic bag or toothbrush holder
6. K-Y Jelly or surgilube
7. Syringe (for cleaning catheter)

Comment: Many school districts are electing to use gloves either clean or sterile.

**PROCEDURE**

1. Washing hands is recommended. Washing or packaged "wipes" should be encouraged.
2. On a clean surface, lay out catheter, a small amount of lubricant and a soapy wash cloth or towelette.
3. Preferably, the child should be sitting on a toilet or standing beside it, although the procedure can be done lying down.
4. Spread labia apart with one hand.
5. Hold catheter one inch from tip and insert into the urethra until the urine flows.
6. When urine stops, push in one more inch to insure bladder is empty.
7. Slowly remove catheter, wash catheter with soapy water and then wash hands.

Journal of School Health

**CLEANING AND CARE OF EQUIPMENT**

1. Using a solution of hot water and liquid detergent, wash outside of catheter to remove remaining lubricant.
2. Pull detergent solution up in syringe and flush solution through catheter.
3. Rinse catheter well in hot water, flushing with syringe.
4. Dry catheter and fold inside clean, dry towel.
5. The catheter and carrying container should be clean and dry.

**RECORD PROCEDURE ON DAILY LOG** (See sample of documentation logs)

Note: Catheterization Hints

1. When catheter is about to be removed, keep the tip up so urine drains out, not on you.
2. Do not crede the bladder (hard pressure on bladder to force emptying) unless prescribed by urologist.
3. Do not force liquids.
4. Talk to the child explaining the process, always keep the child involved, always encourage self-catheterization and independence.
5. With a plastic detergent bottle, catheterization can take place anywhere there is privacy.
6. Clean, not sterile procedures are used.
7. If catheterizing several children, they should provide and care for their own equipment. Good handwashing techniques between pupils will prevent cross-contamination.

## GENERAL PROCEDURES FOR CIC FOR MALES

**EQUIPMENT NEEDED**

1. Catheter (size and type prescribed by urologist)
2. Clean washcloth, soap and water
3. Packaged wipes
4. Catheter extention tube or long 16 inch catheter for use for wheelchair bound pupils
5. Clear plastic container for collecting urine
6. Storage container for catheter such as plastic bag or toothbrush holder
7. K-Y Jelly or surgilube
8. Syringe (for cleaning catheter)

Comments: Many school districts are electing to use rubber gloves either clean or sterile. This is advisable procedure.

**PROCEDURES**

1. Washing hands is recommended.
2. On a clean surface, lay out catheter and a small amount of lubricant, if desired, and a soapy wash cloth.
3. Hold penis up being careful not to squeeze.
4. Lubricate the tip of the catheter and insert gently.
5. Insert catheter into urethra and advance until urine flows into appropriate receptacle.
6. It may reach some resistance at the donut-shaped muscle just before the bladder. If you feel resistance, use gentle but firm pressure until the muscle relaxes. If this is a chronic problem, notify the child's urologist. Continue to advance the catheter until urine flow begins.
7. When urine flow stops, slowly remove the catheter, pausing if urine begins to flow again.
8. Wash catheter and hands.

**RECORD PROCEDURE ON DAILY LOG** (See sample of documentation logs.)

Note: Catheterization Hints

1. When catheter is about to be removed, keep the tip up so urine drains out, not on you.
2. Do not crede the bladder (hard pressure on bladder to force emptying) unless prescribed by urologist.
3. Do not force liquids.
4. Talk to the child explaining the process, always keep the child involved, always encourage self-catheterization and independence.
5. With a plastic detergent bottle, catheterization can take place anywhere there is privacy.
6. Clean, not sterile procedures are used.
7. If catheterizing several children, they should provide and care for their own equipment. Good handwashing techniques between pupils will prevent cross-contamination.

## STANDARDIZED PROCEDURES FOR CLEAN INTERMITTENT CATHETERIZATION

The following General Procedure for CIC is from The Shriners Hospital for Crippled Children-Greenville Unit. Mrs. Jean Brown, R.N., M.S., Myelodysplasia Coordinator, furnished this information.

### CLEAN INTERMITTENT CATHETERIZATION

Clean intermittent catheterization is the insertion of a clean rubber tube into the bladder to drain the urine several times a day.

PURPOSE: To empty the bladder completely at regular intervals in order to prevent urinary tract infections and/or to provide social continence.

PROCEDURE: Catheterization may be done on the toilet, in the wheelchair, or on the bed.

1. Wash hands well.
2. Wash perineum with warm wash cloth. (Girls wipe front to back, boys use circular motion to clean penis.)
3. Lubricate end of catheter with a water soluable such as K-Y jelly. (Girls often do not need lubricant.)
4. Insert catheter--girls separate labia, boys should hold penis 90° to body for insertion. (Sometimes the catheter feels like it is"stuck" right before it enters the bladder in males. This is caused by a sphincter spasm and is normal.)
5. Allow all of the urine to drain out of the bladder.
6. Begin to withdraw the catheter--if urine begins to flow, stop until there is no more urine draining before withdrawing the catheter further.
7. Remove the catheter and wash it with soap and water. Dry it and place it in a clean container.
8. Wash hands well.

It is very important to be faithful in doing intermittent catheterization at the scheduled time. Catheterization is usually done every 3-4 hours, however, schedules are determined by the urologist according to the child's needs.

CATHETERS

Types: red rubber
clear plastic
short female clear plastic
stainless steel

One catheter may be used 4-6 weeks if properly maintained. If the catheter becomes too soft or too hard, or is unable to be cleaned adequately, it should be replaced. Disposable catheters cost about 98 cents each (or less if bought in bulk).

Some patients rinse their catheters with vinegar (acetic acid) to help keep bacteria from growing. This has helped some children keep from getting bladder infections.

Shriners Hospital for Crippled Children-Greenville Unit

## INTERMITTENT SELF-CATHETERIZATION FOR FEMALES

**EQUIPMENT NEEDED**

1. Catheter
2. Clean washcloth, soap and water
3. Towelette
4. Lubricating jelly (keep sterile)
5. Syringe (for cleaning catheter)
6. Liquid dish soap
7. Clean dry storage container; for example, tooth brush container.

**PROCEDURE**

1. Wash hands with soap and water.
2. On a clean surface, lay out catheter, a small amount of lubricant (discard first ½ inch (1.27 cm) of lubricant), and a soapy wash cloth or towelette.
3. Sit on toilet with hips forward but not so far as to be unbalanced. It may be easier to sit facing backwards on the toilet or to stand with one foot on toilet edge.
4. Hold labia apart with second and fourth fingers of hand, and wash urethral area, wiping from front to back.
5. Locate urethral opening by applying pressure with third finger. May be assisted by use of a hand mirror.
6. Release pressure on urethra but do not move fingers.
7. With other hand, hold catheter about ½ inch (1.27) from tip between thumb and index finger; with second finger supporting catheter, tip it slightly upward and insert into urethra until urine flows. The bladder may take 10-30 seconds to empty.
8. Remove catheter and wash hands.

**CLEANING AND CARE OF EQUIPMENT**

1. Using a solution of hot water and liquid detergent, wash outside of catheter to remove remaining lubricant.
2. Pull detergent solution up in syringe and flush solution through catheter.
3. Rinse catheter well in hot water, flushing with syringe.
4. Dry catheter and fold inside clean, dry towel.
5. The catheter and carrying container should be clean and dry.

**RECORD PROCEDURE ON DAILY LOG**

**PERSONNEL RECOMMENDATION**

<u>The student is to be under indirect supervision of qualified school personnel designated to perform procedure.</u>

**GENERAL COMMENT:** In some cases, the student will not have the ability to self-cathterize. Only encourage self-catheterization when this is an appropriate expectation and within the ability range of the student.

## INTERMITTENT SELF-CATHETERIZATION FOR MALES

**EQUIPMENT NEEDED**

1. Catheter
2. Clean washcloth, soap and water
3. Towelette
4. Lubricating jelly (keep sterile)
5. Syringe (for cleaning catheter)
6. Liquid dish soap
7. Clean dry storage container; for example, tooth brush container

**PROCEDURE**

1. Wash hands with soap and water.
2. On a clean surface, lay out catheter and a small amount of lubricant, if desired, and a soapy wash cloth.
3. Sit on toilet or in wheelchair.
4. Grasp shaft of penis and raise it almost straight. Maintain grasp on penis until procedure is ended.
5. Insert catheter into urethra and advance until urine flows into appropriate receptacle.
6. If resistance is felt at the external sphincter, increase slightly the traction on the penis and apply steady gentle pressure on the catheter.
7. When urine begins to flow, advance the catheter another 2.5 cm (1 inch).
8. Empty bladder, remove catheter, and wash hands.

**CLEANING AND CARE OF EQUIPMENT**

1. Using a solution of hot water and liquid detergent, wash outside of catheter to remove remaining lubricant.
2. Pull detergent solution up in syringe and flush solution through catheter.
3. Rinse catheter well in hot water, flushing with syringe.
4. Dry catheter and fold inside clean, dry towel.
5. The catheter and carrying container should be clean and dry.

**RECORD PROCEDURE ON DAILY LOG.**

**PERSONNEL RECOMMENDATION**

<u>The student is to be under indirect supervision of qualified school personnel designated to perform procedure.</u>

**GENERAL COMMENT:** In some cases, the student will not have the ability to self-catheterize. Only encourage self-catheterization when this is an appropriate expectation and within the ability range of the student.

<u>Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Students</u>
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## FOOTNOTES

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